

Guidelines for Screening for Substance Abuse During Pregnancy

June 1999

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DOH Pub 950-135 6/99

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Printing funded by the Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse.

Adapted from *Screening for Substance Abuse During Pregnancy: Improving Care, Improving Health*, published by the National Center for Education in Maternal and Child Health, 1997.

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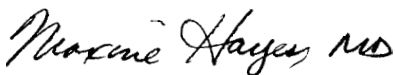
Preface

Substance abuse during pregnancy has been identified as an issue critical to the health of mothers and babies from all socioeconomic groups. We estimate that in Washington state, between 8,000 and 10,000 infants born each year are exposed to drugs and alcohol. Of these infants, between 800 and 1,000 are drug or alcohol affected. Since there are no defined safe limits during pregnancy, any use should be avoided. Substance abuse contributes to obstetric and pediatric complications, including fetal alcohol syndrome, prematurity and abruptio placenta.

Treatment for substance abuse during pregnancy can be more effective than at other times in a woman's life. Providers play an important role influencing the health behaviors of the pregnant women in their care. Pregnant women often describe their health care providers as the best source of information and generally follow their advice. We know that FAS and the deleterious effects of drugs are preventable. If we are successful in preventing these adverse effects, substantial cost savings may be realized, including health care, foster care, special education and incarceration.

In spring of 1998, HB 3103 was passed and signed into law by Governor Gary Locke. As a result, the Department of Health was directed to develop screening criteria for identifying pregnant and lactating women at risk of producing a drug-affected baby. The screening criteria were developed as guidelines based upon input from key informant surveys, and the HB 3103 Advisory Workgroup. They include material from the 1997 publication *Screening for Substance Abuse during Pregnancy: Improving Care, Improving Health*, published by the National Center for Education in Maternal and Child Health.

I want to thank all those who assisted in the development of these guidelines. Reduction of perinatal chemical dependency and its devastating effects can be achieved through improved identification of drug use prior to or early in pregnancy, and utilization of consistent evidence-based medical protocols. Early identification is the first step towards engaging chemically dependent women into treatment. Primary prevention efforts in family planning and primary care settings aimed at identification prior to pregnancy are also of critical importance in achieving a significant reduction in perinatal drug use. We hope that this booklet will help all health care professionals working with pregnant women enhance their skills and improve care for women and infants.

A handwritten signature in black ink that reads "Maxine Hayes, MD". The signature is written in a cursive, flowing style.

Maxine Hayes, MD, MPH

Assistant Secretary and Acting Health Officer
Washington State Department of Health

Purpose

The American College of Obstetrics and Gynecology's *1994 Technical Bulletin number 195 on Substance Abuse in Pregnancy* recommends that all pregnant women be questioned thoroughly about substance abuse. The purpose of this booklet is to improve provider ability to effectively screen and identify pregnant women by providing guidelines for screening and follow up, sample screening tools and referral resource numbers.

Definitions

Assessment: Comprehensive evaluation of a client's risk for substance abuse during pregnancy and postpartum. The following are characteristics of assessment:

- includes collecting objective and subjective information
- may include screening and lab testing
- should be timely and culturally appropriate
- may result in a diagnosis and plan for intervention
- specialized assessments such as chemical dependency assessments may be part of an initial assessment or may follow screening

Screening: Methods used to identify risk of substance abuse during pregnancy and post partum, including self report, interview and observation.

Testing: Process of laboratory testing to determine the presence or absence of a substance in a specimen. Universal testing may be used as a screening tool in some practices.

Risk Indicators: Situations, conditions, factors and physical findings that warrant rescreening and/or testing during the antepartum, intrapartum and postpartum periods.

Benefits of Universal Screening

- Allows for the earliest possible intervention or referral to specialized treatment
- Increases identification of users
- Improves provider skills and comfort with confronting the issue; helps to eliminate interviewer bias and stigma of substance use/abuse
- Provides the opportunity to talk about the risks of alcohol, illicit drugs, prescription drugs, tobacco and other substances and about behaviors that might have occurred prior to the prenatal visit
- Enhances public awareness; client awareness may prevent use/abuse in future pregnancies

Screening Method

- Interview-based or self-administered screening tools are the most effective way to determine risk and/or allow self reporting
- Quick, brief questionnaires have been demonstrated to be effective in prenatal care for assessing alcohol and drug use
- Limitations of other screening methods include:
 - *Blood tests*: usually only identify those patients with long-term use in whom secondary symptoms have occurred, e.g., liver function tests
 - *Urine toxicologies*: identify only recent use; no information about frequency or length of use; not reliable for alcohol
 - *Educated guessing*: heavily dependent on practitioner attitudes and experiences; may reflect significant bias

Lab Testing

- Limitations of toxicology tests make them ineffective screening tools
 - Negative effects of a false positive test on the client/provider relationship may be difficult to overcome
 - False negative tests reinforce the limited ability of lab testing to identify users
 - One positive result does not mean a diagnosis of abuse or chemical dependency but shows that alcohol or drugs were present at a given time
 - Variability in detecting each substance depends on when and how the sample is collected
- Lab testing has not been shown to be cost-effective as a screening tool; to screen all pregnant women's urine once at \$25 per test would cost about 2 million dollars per year in Washington
- The ACOG 1994 Technical Bulletin concludes that urine testing has limited ability to detect substance abuse and therefore does not recommend universal toxicologies on pregnant women as a screening method.
- If doing testing, inform client of plan to do so and test results
- Use of lab testing may be indicated as part of antenatal, intrapartal and postpartal monitoring or follow up to positive interview screen

Choosing an Interview Screening Tool

- Choose a tool that fits the provider's personal history-taking style
- Choose a tool that can be administered in 5-10 minutes or less
- Choose among screening tools which have been validated in populations of pregnant and postpartum women for brevity, validity, specificity and sensitivity
- Include use of alcohol, illicit drugs, tobacco, misuse of prescription drugs and other substances; if tool focuses on alcohol, drugs should be able to be easily added
- Include use prior to pregnancy
- Tools should be used as they are intended and validated
- Examples of self-report tools: University of Washington, WSPIE (see Examples of Screening Tools, page 17)
- Examples of interview tools: First Steps Plus, 4Ps, screening portion of Missouri's assessment tool (see Examples of Screening Tools, page 17)

Role of Healthcare Provider in Screening

- Responsibility of each practice to make sure that all pregnant and post partum women are screened; include in peer and chart review protocols
- Screening should be performed by a healthcare provider or other staff with an ongoing relationship with the client
- Staff should be trained in interview techniques for screening for drug and alcohol use
- Supportive inquiry and advice may reduce drug use even if the woman does not disclose use

- If prescreened by someone other than primary obstetric provider, provider should review and give appropriate messages to client
- Recognize the roles of team members: primary provider, client, clinic nurse, social worker, public health nurse, chemical dependency treatment provider
- Document screening findings in chart, inform client of findings

How to Use the Screening Tool

- Administer face-to-face, client to provider; alternatively may be presented as a self report and then reviewed with her; inform her what will be recorded in chart
- Be empathetic, nonjudgmental and supportive when asking about use; consider client's needs and life situation
- Observe provider/client confidentiality
- Make it a routine part of prenatal care; making it routine decreases subjectivity, discomfort and bias
- Use screening tool with every client, not just those in whom substance abuse is suspected
- Screening should be culturally appropriate and offered in client's primary language
- Ideally, all women should be screened at each encounter; as trust develops, the client is more likely to disclose
- Include inquiries into substance abuse problems in the partner
- Consider screening prior to pregnancy at primary care or family planning encounters to reduce/stop use before pregnancy

How to Use the Screening Tool (continued)

- Use this opportunity to educate about the adverse effects of tobacco, alcohol, drug and other substance abuse and the benefits of stopping while pregnant
- Stress benefits of abstinence from substances and offer to help the client achieve it
- Know where to refer a client for further assessment; screening tools identify risk but are not diagnostic
- Educate supporting staff in the importance of a positive and nonjudgmental attitude in establishing a trusted and welcoming environment
- Know how to respond, including risks of use, benefits of stopping, response to both positive and negative screens from tools

Negative Screen from Tool

Review benefits of abstinence from substances

Continue to screen throughout pregnancy and postpartum at least once per trimester

Positive Screen from Tool

Review the report with her

State your health concern/risks for the mother and her baby; include objective information about the consequences of specific substances

State your belief that you know the mother wants her baby to be as healthy as possible and that she can improve the health of her baby by stopping use of alcohol and drugs

State the need to stop using and your willingness to work together to achieve this

Discuss the benefits of treatment, referral and follow up

Positive Screen from Tool (continued)

Discuss possible strategies for her to stop, e.g., individual counseling, 12-step programs, and other treatment programs. Studies have shown that people given choices are more successful in treatment

Suggest a referral for a more in-depth assessment by a specialist. Know your resources: maintain a current list of local resources. If possible make the appointment while the patient is in the office

Make a follow-up appointment and maintain interest in her progress; support her efforts to change

Praise any reduction in use. Though drug/alcohol abstinence is the goal, any steps made toward reducing use and /or harmful consequences related to use are very important (harm reduction concept)

Maintain communication with the chemical dependency treatment provider to monitor progress

Monitor and follow up with co-existing psychiatric conditions

- Be positive. Emphasize the benefits of reducing or stopping use, the sooner the better. It's never too late
- Brief intervention techniques (15 minutes) have been shown to have a significant impact on reduction of alcohol and drug use
- Breastfeeding women with a positive history of substance abuse during pregnancy should be tested periodically during the lactating period
- Breastfeeding and drug use issues should be discussed

Educational Messages

- Educate all women and their partners pre-pregnancy, throughout pregnancy and postpartum
- Age-, developmentally- and culturally-appropriate messages
- Include the benefits of stopping use at any time during pregnancy
- In addition to primary obstetric provider, educational messages may be provided by community childbirth educator, outreach worker, community health nurse or other health care staff
- Include breastfeeding issues

Risk Indicators

- If positive risk indicators are identified at any time during pregnancy or postpartum, **rule out identifiable causes**, rescreen, test or provide assessment as appropriate
- Include objective indicators, based on research:
 - History of use or abuse during pregnancy
 - Self report
 - Physical evidence, e.g., track marks (breasts, tongue, between fingers, eyelids), dilated pupils, poor weight gain, behavior, tattoos
 - History of significant mental illness
 - Altered mental state
 - Late or no prenatal care
 - Homelessness
 - Domestic violence
 - Previous child with FAS/FAE
 - CPS involvement
 - Preterm labor
 - Abruption placenta
 - Intrauterine growth restriction
 - Precipitous delivery

Screening Tool Follow Up

- If screen is positive, client needs more comprehensive assessment which may include lab testing to identify all substances and patterns of use
- Monitor pregnancy and fetal development
- If trained in alcohol and drug assessment, primary provider may do further assessment. If screen is positive, refer for complete chemical dependency assessment and/or treatment. Share options with client
- Inform client of any legal ramifications
- Utilize advocate or special outreach worker if available
- Tailor resources according to client needs and plan benefits
- Know the resources in your area
 - Maternity Support Services and Maternity Case Management
 - County substance abuse services
 - Twelve-step programs
 - Hospital treatment programs
 - Private treatment programs
 - Mental health programs
 - If immediate chemical dependency treatment or other support is not available, primary provider or designated staff might meet with her weekly or biweekly (expresses your concern and the seriousness of the situation)
 - Recommend reducing her use by one-half each day
 - Evaluate and refer for underlying problems
 - Harm reduction messages, such as decreasing use, interspersing using with periods of abstinence, avoiding drug using friends

Resources and Tools

Statewide Resources

Chemical Dependency Assessment and Treatment

Alcohol/Drug Hotline—24 hours 1-800-562-1240

Provides statewide referral information about treatment, counseling, and support services by county and city for teens and adults. Assistance for **providers** and **clients**.

Crisis Line (206) 722-3700

Provides confidential statewide individual guidance and assistance for people with alcohol and other drug problems, such as mental health and domestic violence; assists with crisis intervention techniques and referral.

Teen Line—24 hours (206) 722-4222

Assists providers, teens and parents in statewide referrals and information related to chemical dependency, rape and other issues. Volunteer teen counselors M–F, 4–8 p.m. as available.

Washington State Alcohol Drug Clearinghouse

1-800-662-9111

Provides continually updated substance abuse resource room; information on programs, personnel, referrals and copies of printed materials. Call for a copy of Directory of Certified Chemical Dependency Treatment Services in Washington State.

Regional Perinatal Programs

Physician Consultation Line (Medcon)

University of Washington 24-hour medical consultation
Seattle (206) 543-5300
Toll free 1-800-326-5300

Yakima Valley Memorial Hospital Family Birth Place

24-hour medical consultation (509) 575-8233

Yakima-Central Washington Regional Perinatal Program

Client education and referral (509) 575-8160

Inland Northwest Regional Perinatal Program

24-hour medical consultation (509) 624-3182
Educational resource (509) 838-3210

MultiCare

24-hour Nurse Consultation Line (253) 552-2999
Physician Referral Line (253) 383-3383
Prenatal/childbirth education (253) 403-1036

Other Related Resources for Pregnant Women

Healthy Mothers Healthy Babies 1-800-322-5588

Provides information and referrals for maternity support services, maternity case management, prenatal care, family planning and pediatric care.

Domestic Violence Hotline 1-800-562-6025

24-hour line provides information and referrals

Examples of Screening Tools

These are examples of screening tools currently used to assist in identifying substance use/abuse. Included are examples of self-report tools and interview tools. Some of these tools contain specific information about the communities in which they are used.

First Steps PLUS Screen

Client's full name (first, m.i., last)

Agency Name/Worker's Name

Client's date of birth (mm-dd-yy)

Today's date

Medicaid PIC (if known)

I. If client is known to be using alcohol or other drugs, check boxes in Section I only and go on to Section IV.

	Self Identification	Positive Medical Finding	Court Related History	Other (please specify) _____
ALCOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER DRUG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. If client is not known to be using alcohol or other drugs, please ask the following questions (4Ps):

Check the boxes

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1) Have either one of your parents had a problem with alcohol or drugs?
<input type="checkbox"/>	<input type="checkbox"/>	2) Does your partner have a problem with alcohol or drugs?
<input type="checkbox"/>	<input type="checkbox"/>	3) Have you had a problem with alcohol or drugs in the past?
<input type="checkbox"/>	<input type="checkbox"/>	4) Have you used any drugs or alcohol during this pregnancy? (Mark yes, even if not currently using, as deserves follow-up.)

If client answers YES to either question 3 or 4, then follow up with CAGE questions (5 through 8) and *Check the boxes*.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	5) Have you ever felt (<i>do you feel</i>) the need to cut down the amount you drink or use drugs?
<input type="checkbox"/>	<input type="checkbox"/>	6) Have you ever been (<i>do you get</i>) annoyed or angry because someone criticized your drinking or drug use?
<input type="checkbox"/>	<input type="checkbox"/>	7) Have you ever felt (<i>do you feel</i>) guilty about your drinking or drug use?
<input type="checkbox"/>	<input type="checkbox"/>	8) Have you ever had a (<i>do you ever</i>) drink or use drugs first thing in the morning to steady your nerves or to get you going (<i>an Eye-opener</i>)?

I. Any YES answer to questions 2-8 indicates use or significant risk of use. You may decide risk exists, regardless of screening responses. These clients are FIRST STEPS PARTICIPANTS. Do responses indicate:

USE _____

RISK OF USE _____

NO RISK (3-8 negative, _____
& no other indicator of risk)

If use, or risk of use, what?

alcohol _____

other drugs _____

both _____

don't know _____

IV. If use or risk of use determined, what is your plan for the client?

Case Management _____

PLUS Outreach _____

(Need Client: ADDRESS/PHONE)

Comments: _____

The First Steps PLUS Project will increase services for substance abusing pregnant women in Yakima County. One service is increased outreach through screening for substance use. Use this screen with all pregnant women you see, not those you already suspect may have a need. This means that more women will be asked about substance use, that more women will disclose substance use, and that there will be more than one opportunity to disclose substance use (for women not yet ready to admit a problem).

The First Steps PLUS Screen allows service providers to obtain uniform information about substance use by pregnant women. These questions will help identify women who deserve more intense follow-up concerning their alcohol and drug use. The questions are not designed to diagnose substance abuse. They are designed to assist you, the provider, to inquire about alcohol and drug use; they will also help First Steps PLUS staff learn more about the effect of outreach activities. Please incorporate this screening into your system in whatever manner works best for you. The client's response to these questions may naturally lead you to ask further questions about substance abuse.

GUIDELINES:

1. If you know before administering the screen the client is using alcohol or other drugs, please document what she uses and how you know in Section I. (i.e. alcohol, drugs); skip Sections II and III. Go to Section IV; client is a First Steps PLUS Participant.
2. Otherwise, ask questions 1-4, (the 4 Ps) where it best fits into your system.
3. If client answers yes to question 3, you may choose to change questions 5-8 (the CAGE questions) to from past to present tense, to explore current use.
4. If client answers YES to question 4, then ask questions 5-8 (the CAGE questions).

If the client answers YES to any of the questions 2 through 8 or is determined to be at significant risk of using, she is a participant in First Steps PLUS and deserves further follow-up to determine if there is a current problem with alcohol or other drugs. There are many referral community resources to your clients and outreach consultation for your agency.

The First Steps PLUS program offers enhanced services to pregnant women who are abusing alcohol or other drugs. If you know or suspect your client is using drugs or alcohol, contact the First Steps PLUS outreach worker or a maternity case management agency to help your client get these confidential services.

Referral agencies	Address	Phone number
First Steps PLUS OUTREACH (ADATSA assessment, outreach, consultation, training, intervention)	102 S. Naches, Yakima, WA 98901	248-1800 or 454-5000
CASE MANAGEMENT:		
Adolescent Pregnancy and Parenting Program	208 N. 3rd Avenue, Yakima, WA 98902	453-6681
Providence Home Care	110 S. 9th Avenue, Yakima, WA 98902	575-5093
Yakima Neighborhood Health Service	12 S. 8th Street, Yakima, WA 98907	454-4132
Yakima Valley Memorial Hospital, Child Health Services	2811 Tieton Drive, Yakima, WA 98902	575-8160
Yakima Valley Farmworkers Clinic	518 West 1 st Avenue, Toppenish, WA 98948	509-865-5600
Triumph Treatment Services	102 S. Naches, Yakima, WA 98901	248-1800
Merit Resource Services	702 Franklin Avenue, Sunnyside, WA 98944	509-837-7700
Catholic Family Services	5301-C Tieton Drive, Yakima, WA 98908	509-965-7100
Phoenix Counseling and Support Services	242 Division, Grandview, WA 98930	509-882-4227

Mail white copy to: Kathy Apodaca
First Steps PLUS Coordinator
PO Box M2500
Yakima, WA 98909-2500

YELLOW copy to: Your client's physician – as needed with release

PINK copy to: Your client's file

GOLD copy to: First Steps PLUS Outreach – address above.





MISSOURI DEPARTMENT OF HEALTH
DIVISION OF MATERNAL, CHILD AND FAMILY HEALTH
RISK ASSESSMENT FOR SUBSTANCE USE

TOBACCO	OTHER DRUGS
<p>1. Have you ever smoked cigarettes? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (go to question 5)</p> <p>2. How old were you when you started smoking? _____ years.</p> <p>3. In the month before finding out you were pregnant, on the average, how many cigarettes did you smoke? _____ cigarettes a day (24 hours)</p> <p>4. In the last week, how many cigarettes, per day, have you smoked? (average) _____ cigarettes a day (24 hours)</p>	<p>11. Marijuana YES NO 1) Have you ever used? 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug 2) Used in the past 12 months? 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3) Used since you became pregnant? 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Cocaine 1) Have you ever used? 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug 2) Used in the past 12 months? 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3) Used since you became pregnant? 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Amphetamines 1) Have you ever used? 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug 2) Used in the past 12 months? 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3) Used since you became pregnant? 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Hallucinogens? 1) Have you ever used? 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug 2) Used in the past 12 months? 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3) Used since you became pregnant? 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Sedatives? 1) Have you ever used? 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug 2) Used in the past 12 months? 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3) Used since you became pregnant? 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Narcotics? 1) Have you ever used? 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug 2) Used in the past 12 months? 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3) Used since you became pregnant? 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>If no drug use ever – END.</p> <p>12. Have you ever felt you should cut down on your drugs? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>13. Have people ever annoyed you by criticizing your using drugs? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>14. Have you felt badly or guilty about your using drugs? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>15. Have you ever used drugs first thing in the morning to steady your nerves or get rid of a hangover? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p>

CLIENT NAME	PROVIDER NAME	DATE
-------------	---------------	------

(INSTRUCTIONS ON REVERSE SIDE)

INSTRUCTIONS FOR USE

There is no standard method of inquiring about drug or alcohol abuse, during the initial work-up. Many health care providers find it most comfortable and natural to introduce this line of questioning after inquiring about matters of general health and dietary habits. In this way, it is easy to progress from over-the-counter and prescribed medications to tobacco, alcohol and finally, the illicit substances. Alternatively, the subject can be introduced during the family history: by inquiring about the substance use/abuse of immediate family members and progressing to the habits of the individual. The assessment is designed to move quickly but efficiently: by highlighting and "red flags" which identify women at risk for substance use and who, therefore, require further evaluation.

Although this form is not a required component of the permanent medical record, it may be retained in the client's chart to document the assessment and its results, as well as the date, location, and name of the provider.

CRITERIA FOR REFERRAL

A definite referral should be offered to all women who:

- 1) respond affirmatively to two or more of questions 7-10 or questions 12 through 15.
- 2) respond affirmatively to recent use or continued use despite awareness of their pregnant status.

If referral is refused, she should be reassessed at **each** subsequent visit and again, offered referral based on her status.

Periodic reassessment should be offered to those women who:

- 1) have a history of prior heavy use of alcohol or other drugs, but deny current use or use since their pregnancy status was known to them, **OR**
- 2) have significant psycho-social risk factors such as: a positive family history for substance abuse, physical or sexual abuse; lack of academic success; lack of peer or social support systems; lack of economic independence; friends who use drugs; co-dependency; depression; history of prostitution or multiple STDs, etc.

Regular monitoring may provide the pregnant client with sufficient motivation to persevere in their attempts to discontinue use, if the benefits of abstinence are stressed and any positive results are reinforced.

ALTERNATIVE TERMINOLOGY FOR ILLICIT SUBSTANCES

For those drugs listed under question 11, it may be more appropriate to utilize the "street names" or slang terminology which is most prevalent in your area. For your convenience, several alternatives are listed below.

- 1) Marijuana – grass, weed, joint, reefer, kif, herd, hashish, hash oil.
- 2) Cocaine – coke, crack, base, blow, toot, rock, snow, uptown.
- 3) Amphetamines – meth, crank, uppers, speed, crystal, ice, dex, black beauties, bennies, copilots, beans.
- 4) Hallucinogens – LDS, acid, love drug, cactus, buttons, peyote, magic mushrooms.
- 5) Sedatives (tranquillizers, diazepines, barbiturates) – blues, downers, yellow jackets, rainbows, ludes, reds.
- 6) Narcotics (codeine, demerol, percodan, heroin, methadone) – schoolboy smack, junk, downtown.
- 7) PCP – angel dust, zombie, supercools, green.
- 8) Inhalants (amyl nitrite, toluene) – huffing tulleo, glue, kick, poppers, snappers, rush.

Date _____

- | | | | |
|-----|----|-----|--|
| Yes | No | 15. | Do you think you are at increased risk of having a baby with a birth defect or genetic disorder? |
| Yes | No | 16. | At any time during the first two months of your pregnancy, have you had a rash or a fever of 103°F or greater? |

A test for HIV is strongly recommended for all pregnant women, regardless of your responses to the next questions. The test is voluntary. There are two reasons to be tested: [1] New medications are available to reduce the chance of an infected mother passing HIV to her baby; and [2] Most women do not know if they are infected with HIV until late in the disease. Sometimes, other infections can put you and your baby at risk. The following questions will help your health care provider determine other areas for counseling and evaluation.

- | | | | | |
|-----|----|--------|-----|---|
| Yes | No | Unsure | 17. | Have you or your sexual partners ever had a sexually transmitted disease (STD or VD) such as chlamydia, gonorrhea, syphilis, or herpes? |
| Yes | No | Unsure | 18. | Have you ever had a serious pelvic infection or pelvic inflammatory disease (PID)? |
| Yes | No | Unsure | 19. | Do you think any of your male sexual partners have ever had sex with other men? |
| Yes | No | Unsure | 20. | Have you or your sexual partners ever used IV street drugs? |
| Yes | No | Unsure | 21. | Have you had sex with two or more partners in the last twelve months? |
| Yes | No | Unsure | 22. | Do you think any of your sexual partners may have HIV or AIDS? |
| Yes | No | Unsure | 23. | Have you or your sexual partners ever had a blood transfusion? |

How safe you feel in your daily living gives us important information about risks to you and your baby. Please answer these questions as well as you can. All answers will remain private.

- | | | | |
|-----|----|--------------------------|---|
| | | 24. | Do you feel safe.... |
| Yes | No | - | in your personal relationship? |
| Yes | No | - | within your home? |
| Yes | No | - | in your own neighborhood? |
| Yes | No | - | other (specify) _____ |
| Yes | No | 25. | Have you ever had your feelings repeatedly hurt, been repeatedly put down, or experienced other kinds of hurting? |
| Yes | No | 26. | Are you being or have you ever been hit, slapped, kicked, pushed or otherwise physically hurt? If yes, by whom? |
| | | <input type="checkbox"/> | Husband |
| | | <input type="checkbox"/> | Ex-Husband |
| | | <input type="checkbox"/> | Partner |
| | | <input type="checkbox"/> | Family Member |
| | | <input type="checkbox"/> | Stranger |
| | | <input type="checkbox"/> | Other (specify) _____ |
| Yes | No | 27. | Are you experiencing or have you ever experienced uncomfortable touching or forced sexual contact. If yes, by whom? |
| | | † | Husband |
| | | † | Ex-Husband |
| | | † | Partner |
| | | † | Family Member |
| | | † | Stranger |
| | | † | Other (specify) _____ |

HOSPITAL SCREENING STUDY

Pregnancy and Health Study, University of Washington Medical School

Ann P. Streissguth, PhD, Therese Grant, PhD

Ms. Pam Phipps, Ms. Cara Ernst

Dear New Mother:

We are trying to get an idea of the kinds of drugs that women in Seattle are taking before and during pregnancy. Please help us by completing the attached brief, confidential questionnaire.

Participation is voluntary; this is not part of your hospital care and you have the right to refuse to answer any questions or to refuse to participate at all. Only research staff will have access to the questionnaire and they will be shredded at the end of the study. If you have any questions, please ask any of the above persons. Julia Kogan or Pam Phipps will collect the questionnaires, and may come back to talk with you about participating on other study activities. No information from this questionnaire will be entered into your medical record or discussed with your health care providers.

Your willingness to be honest is appreciated. Please to NOT put your name on the questionnaire.

Have you used these drugs either in the month or so before your pregnancy or during this pregnancy? Please circle yes or no in each column:

	<u>MONTH OR SO BEFORE</u> <u>PREGNANCY</u>	<u>DURING THIS</u> <u>PREGNANCY</u>
	Yes No	Yes No
1. Marijuana (pot, bud, green, grass, weed) If yes, number of times per month	Yes No # _____	Yes No # _____
2. Heroin (smack, horse, china white, dove, brown, tar)	Yes No	Yes No
3. Methadone (done)	Yes No	Yes No
4. Cocaine (crack, rock, coke, croke, soup, powder) If yes, number of times per month	Yes No # _____	Yes No # _____
5. Barbiturates (downers, reds, phenobarb, pentobarb, Seconal)	Yes No	Yes No
6. Amphetamines (ice, uppers, crystal, crank, speed, race)	Yes No	Yes No
7. Any other street drugs (acid, PCP, angel dust, MDMA, Ecstasy) If yes, what? _____	Yes No # _____	Yes No # _____
8. Any medications (prescriptions, over counter) If yes, what? _____	Yes No # _____	Yes No # _____
9. Smoke cigarettes? If yes, number per day.	Yes No # _____	Yes No # _____
10. Any alcohol (wine, beer, liquor)? Usual number of drinks at a time?	Yes No # _____	Yes No # _____
11. 5 or more drinks at a time? If yes, number of times per month	Yes No # _____	Yes No # _____
12. Have you <u>ever</u> tried or used IV street drugs (shot up)?	Yes No	
13. Have you <u>ever</u> tried or used cocaine? If yes, when was the last time you used it? _____	Yes No	
14. What is your age? _____	15. What is your race? _____	
16. How many babies have you had, <u>counting</u> your new baby? _____		
17. What is your marital status now? Circle one: Married Divorced Separated Single Living as Married		
18. What is the highest grade of regular school you have completed? Circle one. Jr. High/High School University/College Graduate School -7 8 9 10 11 12 GED 13 14 15 16 17 18 19 20+		

Please place this form in the attached envelope and seal it. THANKS EVER SO MUCH!

Dr. Ann P. Streissguth

For more information on the use of this form contact 206-543-7155

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